

ARIZONA FORM 204

Application for Filing Extension For Individual and Fiduciary Returns Only USE BLACK OR BLUE INK ONLY.

2004

For calendar year 2004 or fiscal year beginning: MMDDYY 2 0 Y Y and ending: MMDDYY 2 0 Y Y 66

YOUR FIRST NAME AND INITIAL 1		LAST NAME	YOUR SOCIAL SECURITY NO.
YOUR SPOUSE'S FIRST NAME AND INITIAL 1		LAST NAME	SPOUSE'S SOCIAL SECURITY NO.
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE 2	APT. NO. 	DAYTIME PHONE WITH AREA CODE ()	↑ IMPORTANT ↑ You must enter your SSNs.
HOME ADDRESS CONTINUED 2		HOME PHONE WITH AREA CODE 94 ()	
CITY, TOWN OR POST OFFICE 3		STATE ZIP CODE	FOR DOR USE ONLY

CHECK ONLY ONE BOX:

Resident Personal Income Tax Forms:

- ☐ 140 ☐ 140A ☐ 140EZ ☐ 140PTC ☐ 140ET
☐ Part-Year Personal Income Tax Form 140PY
☐ Nonresident Personal Income Tax Form 140NR
☐ Arizona Fiduciary Income Tax Form 141AZ

88

81

80

Select only one:

- ☐ Automatic 4-month extension. Return due date August 15, 2005, or fiscal year return due date MMDDYY 2 0 Y Y for tax year ending MMDDYY 2 0 Y Y.
☐ Additional 2-month extension. Return due date October 17, 2005, or fiscal year return due date MMDDYY 2 0 Y Y for tax year ending MMDDYY 2 0 Y Y.

An Arizona extension cannot be granted for more than six months beyond the original due date of the return.

Arizona will accept a valid federal extension for the period covered by the federal extension.

1 Tax liability for 2004. <i>You may estimate this amount.</i>	1	00
2 Arizona income tax withheld during 2004	2	00
3 Arizona estimated tax payments for 2004	3	00
4 Payments made with previous extension requests for your 2004 return	4	00
5 Credits you will claim on your 2004 return. <i>See instructions on back.</i>	5	00
6 Add lines 2 through 5	6	00
7 Balance of Tax: Subtract line 6 from line 1	7	00
8 Enter the amount of payment enclosed. <i>Make check payable to Arizona Department of Revenue; include SSN on payment.</i>	8	00

You will be liable for the extension underpayment penalty if at least 90 percent of your tax liability disclosed by your return has not been paid by the original due date of the return. Interest accrues on any additional tax due from the original due date of the return until paid.

- 9 If you were previously granted an extension of time to file for this tax year, *check this box* 9

Enter the date your extension was granted to: MMDDYY 2 0 Y Y

State the reasons why an additional extension is needed: _____

PLEASE SIGN HERE <small>only if requesting additional 2-month extension.</small>	Sign here only if you are requesting an additional two-month extension. You do not have to sign this form if you are requesting an automatic four-month extension. <i>Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</i>	
	▶ YOUR SIGNATURE _____	DATE _____
	▶ SPOUSE'S SIGNATURE _____	DATE _____
	▶ PAID PREPARER'S SIGNATURE _____	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____
	PAID PREPARER'S TIN _____ DATE _____ PAID PREPARER'S ADDRESS _____	

**If you are sending a payment with this request, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.
If you are *not* sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.**